

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1008

City St. Louis

(No. 3538 1/2 Arsenal)

File No. 26946

Registered No. 7179

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3538 1/2 Arsenal St. 16 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 6-1860

7. AGE YEARS 73 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Harriett Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Lena Summers
(ADDRESS) 3538 1/2 Arsenal Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Superior Park DATE July 23 1934

19. UNDERTAKER A. W. M. Loughlin
(ADDRESS) 2301 - Lafayette Ave

20. FILED 11 21 1934 J. J. Bradet
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1934

22. I HEREBY CERTIFY That I attended deceased from June 28 to July 20 1934

I last saw he alive on July 18 1934 Death is said to have occurred on the date stated above, at 1030 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Chronic

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Martin J. Klosser M. D.

(Address) 721 Olive St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1934

Every item of information should be carefully supplied. It may be previously classified. EXAMINATION is very important. AUG 1 1950